

Sample Medical Records Request Letter:

Re:
DOB:
SSN:

Dear _____ :

Our program serves homeless adults and helps them obtain income, services, and other resources. Part of this effort is to help individuals apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), two disability income programs operated by the Social Security Administration (SSA). In addition to providing needed income support for beneficiaries, both programs provide medical insurance (Medicaid or Medicare), which could reimburse your facility for future care you provide this individual as well as possibly cover some retroactive bills.

To be eligible for disability benefits, individuals must make sure that their medical records are provided to the state agency that Social Security contracts with to make disability determinations, called Disability Determination Services (DDS). Without this medical information, eligibility for desperately needed benefits is unlikely.

You have provided medical services to the above referenced person. I have enclosed two releases of information (one for SSA and one for our provider agency) signed by the above individual. If you would please send me your medical information as soon as possible, I will ensure that this information is sent on to the DDS for review.

For you to have a sense of what is needed from your records, I also have enclosed with this letter a list of medical information that can be extraordinarily helpful. Your cooperation is critical for the success of this application and for the recovery of this person.

If you have any questions, please do not hesitate to contact me at _____ . I thank you in advance for your swift response to this request.

Sincerely,